



Joint Task Force National Capital Region Medical **DIRECTIVE**

NUMBER 5007.01

JUL 03 2012

J-7

SUBJECT: National Capital Region (NCR) Medical Education, Training, Research, and Simulation Board (ETRSB) Charter

References: See Enclosure 1

1. **PURPOSE.** This Directive, in accordance with the guidance and authority in References (a) through (g), establishes the NCR Medical ETRSB as one of several boards established to ensure the effective and efficient delivery of world-class military healthcare within the NCR. These boards are part of the Integrated Delivery System (IDS) governance as described in Reference (g). NCR Medical IDS will operate as a single entity with a regional, unified perspective for all aspects of healthcare delivery in the NCR. The primary focus is to optimize the health and healthcare services for our beneficiary population. There will be a continuous effort within and among NCR Medical IDS boards to identify integration opportunities and innovations that improve quality, value, readiness, and the overall patient experience.

2. **APPLICABILITY.** This Directive applies to the Joint Task Force National Capital Region Medical (JTF CapMed) Headquarters, Fort Belvoir Community Hospital (FBCH), Walter Reed National Military Medical Center (WRNMMC) [hereafter, FBCH and WRNMMC are referred to as Medical Treatment Facilities (MTFs)], and the Joint Pathology Center (JPC). These organizations form the foundation of an integrated military healthcare network in the NCR.

3. **MISSION.** The IDS ETRSB is the command's executive oversight committee and point of contact for all matters related to the establishment and operation of the IDS as it relates to education, training, research, and simulation. Specifically, the NCR Medical ETRSB will focus on the following:

a. Provide advice and recommendations regarding the establishment of the NCR Medical IDS to include strategic imperatives and operational performance of the IDS relating to education, training, research, and simulation.

b. Recommend innovative solutions regarding prioritization of resources within the IDS.

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- c. Develop innovative solutions to current and emerging problems.
- d. Review the dashboard/strategic management system (SMS) being developed to ensure operational and management controls are consistent with and directly support IDS strategic goals and objectives.
- e. Track metrics providing comparative data to demonstrate progress from previous baselines or guiding benchmarks.
- f. Report relevant metrics to the Executive Council on a quarterly basis.

4. ORGANIZATION AND MANAGEMENT. The IDS ETRSB is established to advise the CJTF on health professionals' education, training, research, and simulation issues relating to the IDS. This board further ensures that military medical education programs appropriately prepare future healthcare providers and leaders for success. This governance structure will achieve a synergy enabling better patient outcomes. The board, which replaces the Education, Training, and Research Decision-Making Committee, is composed of subject matter expert representatives from the MTFs, JTF CapMed Headquarters, and the Uniformed Services University (USU). The composition of the board is as follows:

- a. Chairperson. As nominated and appointed by the CJTF.
- b. Recorder. As appointed by the Chairperson.
- c. Members:
 - (1) J-7 Director, Education, Training, and Research, JTF CapMed
 - (2) J-7 Deputy Director, Education, Training, and Research, JTF CapMed
 - (3) Deputy Commanders for Education, Training, and Research - WRNMMC and FBCH
 - (4) National Capital Consortium Executive Director
 - (5) USU School of Medicine Representative
 - (6) USU Graduate School of Nursing Representative
 - (7) MEDDAC representative – Ft. Meade
 - (8) Dean, Naval Post Graduate Dental School
 - (9) Ad hoc members as needed
- d. The board will establish its own operating procedures, meeting schedule, and interim work products necessary for the completion of its mission. All members are expected to attend meetings established by the chairperson and be prepared for discussions and contribute

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accordingly. Members are expected to keep their respective Component Leaders apprised of their progress, workings, and recommendations and will be responsible for any Service-specific issues.

5. RESPONSIBILITIES. See Enclosure 2

6. RELATIONSHIPS. The NCR Medical IDS ETRSB shall be accountable to Commander, Joint Task Force National Capital Region Medical (CJTF) through the Executive Council and shall:

a. Provide update briefs for presentation to the Executive Council on IDS establishment and operation issues for areas within its specific area of cognizance.

b. Monitor initiatives of all NCR IDS boards to ensure:

(1) Integration of all interdependencies.

(2) Focus on a fully developed and integrated IDS with one standard for education, training, research, and simulation regardless of branch of Service or training location.

7. AUTHORITIES

a. Tasking Authority. As specified in Enclosure 2, stakeholders identified in the membership section shall ensure membership and shall provide one alternate member.

b. Budgeting Authority. None.

8. ADMINISTRATION

a. Meeting Frequency. The board shall meet at least monthly, and more often if needed, to ensure success of the education, training, research, and simulation initiatives of the IDS.

b. Decision-Making Methodology. CJTF has ultimate responsibility for all decisions regarding the IDS. The ETRSB will provide recommendations through the Executive Council to CJTF for decision.

c. Status Reporting. Quarterly Status reports will be presented to the Executive Council and CJTF.

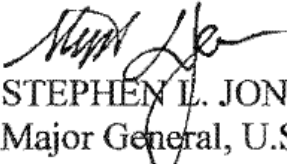
d. Problem/Issue Escalation and Resolution Processes. Conflicts between competing priorities will be adjudicated by the Executive Council with final resolution by CJTF.

e. Closure and Work Group Self-Assessment. The IDS ETRSB is a standing board and will continue to meet and deliberate unless otherwise directed by CJTF.

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9. RELEASABILITY. UNLIMITED. This Directive is approved for public release and is available on the Internet from the JTF CapMed Web Site at: www.capmed.mil.

10. EFFECTIVE DATE. This Directive is effective upon its publication to the JTF CapMed Issuance Website.



STEPHEN L. JONES
Major General, U.S. Army
Acting Commander

Enclosures

1. References
2. Responsibilities

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ENCLOSURE 1

REFERENCES

- (a) Establishing Authority for Joint Task Force-National Capital Region Medical (JTF CapMed), September 12, 2007
- (b) Comprehensive Master Plan for the National Capital Region Medical, Department of Defense, Creating a World-Class Integrated Delivery System in the National Capital Region, April 23, 2010
- (c) Defense Health Board Report, Achieving World Class, May 2009
- (d) Creating a World-Class, Integrated Delivery System in the National Capital Region, April 23, 2010
- (e) JTF CAPMED-I 5025.02, "JTF CapMed Corporate Decision-Making Process," February 10, 2010
- (f) JTF CAPMED-I 5025.01, "Formats and Procedures for Development and Processing of Issuances," March 5, 2012
- (g) Establishment of the National Capital Region Medical Integrated Delivery System (IDS CONOPS) July 3, 2012

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ENCLOSURE 2RESPONSIBILITIES

1. GENERAL. The primary objective of the ETRSB is to maximize the overall health and well-being of education, training, research, and simulation programs within the NCR. This board has the following responsibilities to:

- a. Develop initiatives and activities transforming health professions education, training, research, and simulation programs to mature as part of the NCR Medical IDS.
- b. Advise CJTF on the multiple factors that affect health professions education programs to include case mix and volume, adequacy of staffing, space and resource shortfalls, and impact of Service decisions that negatively impact NCR programs
- c. Establish a certified simulation center at WRNMMC and develop a regional approach to simulation operations within the NCR.
- d. Develop a regional approach to the provision of continuing education that will expand opportunities beyond continuing medical education for medical staff and continuing education for nursing staff.
- e. Develop a regional solution that will support the administrative needs of researchers across the NCR so that the quality and quantity of research productivity can increase.
- f. Standardize certification examination reimbursement across Services.
- g. Develop and update dashboards/metrics to showcase/highlight NCR Medical IDS's "world-class" education, training, research, and simulation programs.
- h. Respond to other duties/responsibilities as assigned by CJTF or delegated representative.

2. CHAIRPERSON. The Chairperson shall:

- a. Forward an agenda to each voting member no later than 3 working days prior to each scheduled meeting. The agenda may be incorporated into the meeting minute's format.
- b. Forward a clearly written summary of the proceedings of the previous meeting to each voting member no later than 3 working days prior to each scheduled meeting. The written summary must:

(1) Endorse information or decision briefs deemed ready for consideration by the Executive Council.

(2) Specify the way ahead for information or decision briefs deemed not ready for consideration by the Executive Council.

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c. Appoint individuals and form ad hoc work groups to accomplish tasks consistent with the board's mission and this Directive.

d. Appoint a Recorder and an alternate in the absence of the Recorder.

e. Brief Executive Council and/or CJTF quarterly regarding status of issues within specific area of cognizance and responsibility.

3. RECORDER. The Recorder shall:

a. Prepare an agenda at the Chairperson's direction in time for the Chairperson to meet the deadline of paragraph 2.a.

b. Prepare a clearly written summary of the proceedings of the previous meeting at the Chairperson's direction in time for the Chairperson to meet the deadline of paragraph 2.b.